

Case Number:	CM15-0094682		
Date Assigned:	05/20/2015	Date of Injury:	10/09/2012
Decision Date:	06/30/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old female with an October 9, 2012 date of injury. A progress note dated April 7, 2015 documents subjective findings (worsening right knee pain), objective findings (antalgic gait; thirteen degrees of valgus of the right knee; tenderness to palpation of over the anterior and lateral aspects of the right knee joint; crepitus; severely restricted range of motion; decreased quadriceps and hamstring strength) and current diagnoses (right knee severe degenerative joint disease with worsening dysfunction). Treatments to date have included right knee arthroscopy, steroid injections, medications, magnetic resonance imaging of the knee (April 18, 2014; showed high-grade chondral loss, and high grade chondral fissuring), and bracing. The treating physician documented a plan of care that included associated services for a right total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Inpatient stay ten days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Hospital Length of Stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Hospital length of stay (LOS).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address hospital length of stay (LOS). Official Disability Guidelines (ODG) recommends the median length of stay (LOS) based on type of surgery, or best practice target LOS length of stay for cases with no complications. Total knee replacement median length of stay is 3 days. Mean length of stay is 3.4 days. Best practice target (no complications) is 3 days for total knee replacement. The orthopedic progress report dated 4/7/15 documented a recommendation for right total knee arthroplasty. The request for 10 inpatient days exceeds clinical practice guidelines, and is not supported by ODG guidelines. Therefore, the request for 10 inpatient days is not medically necessary.

CPM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter, CPM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Continuous passive motion (CPM).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses physical methods. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints indicates that sophisticated rehabilitation programs involving equipment should be reserved for significant knee problems. Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) indicates that continuous passive motion (CPM) is recommended as indicated below, for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. Routine home use of CPM has minimal benefit. Although research suggests that CPM should be implemented in the first rehabilitation phase after surgery, there is substantial debate about the duration of each session and the total period of CPM application. Criteria for the use of continuous passive motion devices: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for total knee arthroplasty (revision and primary). For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision. The orthopedic progress report dated 4/7/15 documented a recommendation for right total knee arthroplasty. Right total knee arthroplasty surgery was certified on 4/30/15. The 4/29/15 request for CPM continuous passive motion did not specify the directions and duration of use of CPM device. Official Disability Guidelines (ODG) indicates that continuous passive motion devices (CPM) in the acute hospital setting, may be considered medically necessary, postoperatively, for 4-10 consecutive days (no more than 21), for total knee arthroplasty. ODG guidelines limit CPM use to 21 days. The 4/29/15 request for CPM without parameters cannot be endorsed, and is not supported by ODG guidelines. Therefore, the request for CPM is not medically necessary.